

**Testimony of Karen Foley-Schain, M. A., M. Ed., LPC**  
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**Prepared for the Select Committee on Children**  
**Public Hearing, Thursday, February 26, 2009 - 11:00 AM**

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Good morning and thank you. My name is Karen Foley-Schain. I am the Executive Director of the State of Connecticut's Children's Trust Fund. I am here today to testify in support of Bill No. 5144: An Act Concerning an Appropriation to Expand the Nurturing Families Network.

Why - because it's a wise investment.

What if I told you that for every dollar you invested you would get \$6.00 back?<sup>1</sup> And, in addition, your dollars would reap an even higher rate of return by enhancing the health and well being of new parents facing difficult situations and their young children?

Your dollars would:

- Help parents get back to school and into the workforce
- Strengthen parenting skills and improve school readiness
- Decrease the severity and incidence of child abuse and neglect

You would also think that was a sound investment. Right? And your answer would be correct.

By investing now in the Nurturing Families Network you can get this return on your dollar and more - but you need to hurry. There is only a short window of opportunity.

Support for new families must start as early as possible. Every day that goes by - that new parents don't get the support and information they need to be successful - the return on your investment goes down. Without support parents and children are vulnerable to a host of problems that will require more costly and complicated interventions later on.

### **Vulnerable Parents**

The Nurturing Families Network provides intensive home visiting for high risk- and socially isolated families at a critical time in their lives - when their first child is born. In addition to caring for a new baby these families face many challenges. They are usually

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<sup>1</sup> *Strengthening Families by Promoting Success*, Family Strengthening Policy Center, Policy National Human Services Assembly, Policy Brief no. 23, November 2007, pg 4.

headed by single mothers with limited family support. They tend to be socially isolated, live in inadequate housing, and have little education and few job prospects. They tend to be very young and 90 % receive Medicaid.

30% of the mothers live with the father of the baby. But even when the parents live together the family is poor. Less than half of the fathers in the program had completed high school when their babies were born, only a little more than half were employed, and roughly 10 percent were incarcerated at that time.

### **Children at Risk**

Children living in poverty with incomes of less than \$25,000 are 25 times more likely to be abused, and 44 times more likely to be neglected than other children.

Children living in poverty - even in the absence of a substantiated case of abuse or neglect - are at greater risk for developmental, behavioral and health issues and more likely to become involved with the departments of Social Services, Corrections and Mental Health as adults.

The Nurturing Families Network works to improve the chance that these children will have a promising future.

### **The Program**

The program is available to families giving birth at all 29 birthing hospitals in the state. The program screens new parents prenatally or while they are still in the hospital. It offers parenting groups to close to 1,000 thousand parents and connects those most at risk with a home visitor who meets with the family on a bi-weekly basis - on average - for 22 months. Currently about 1,500 families receive home visiting services each year.

### **The Results**

Here are a few facts and figures that highlight the achievement of the families participating in the home visiting program:

- The rate of child abuse and neglect is far lower for high-risk NFN participants than for similar families not in this type of program.<sup>2</sup>
- Program participants experienced a significant decrease in parental frustration, sadness and loneliness and an increase in coping and stress management skills,

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<sup>2</sup> This finding is based on comparative data from 3 studies of abuse and neglect rate for families identified at high risk using the Kempe Family Stress Checklist. The incidence of child abuse and neglect in the high-risk families identified by the Kempe participating in the Nurturing Families Network is 1.6% in 2006. *University of Hartford, 2007*. A two year study of prenatal mothers categorized into low and high-risk groups based on the Kempe found that 22 % of the high-risk mothers had abused or neglected their children versus 6 % of the low-risk parents. *Steven-Simon, Child Abuse and Neglect, 2001*. A two year study comparing medical charts two years after the children's birth to families defined at-risk on the Kempe and those defined as no risk found that 25 % of the children in the at-risk group had been victims of abuse, neglect, or failure to thrive. The rate was 2 % for the no-risk group. Murphy, *Child Abuse and Neglect, 1985* Neglect, 1985

developed more realistic expectations of their children, and had fewer difficulties in relationships.<sup>3</sup>

- Program participants made statistically significant gains in education and employment.<sup>4</sup>

What is really worth mentioning here is that the incidence of child abuse and neglect in the high-risk families we've identified is well below that of high-risk families not participating in this type of program - 4.5% in 2007 compared to 20%.

In addition several studies have found that home visiting, when combined with parent education, increases school performance, intelligence, achievement, and language ability among the children whose families participate in the program.

### **The Need**

While the Nurturing Families Network has made strides to reach more families in more communities it is still only reaching a small percentage of all families who would benefit from its services.

In Connecticut there are roughly 10,000 children born into poor families each year with one or more other risk factors. Of these 10,000 about 5,000 children are born to first time parents. The Nurturing Families Network is only reaching 1,500 of these at risk families.

An investment of \$24 million would allow the program to reach 10,000 families each year.

An investment of \$8 million would allow the program to reach the 5,000 *first time* families each year.

These funds would augment a current budget of roughly \$10 million currently invested into the program on behalf of the State of Connecticut by the Children's Trust Fund.

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<sup>3</sup> This finding is based on pre-post measures on the Child Abuse Potential Inventory and the Community Life Skills Scale. The Child Abuse Potential Inventory (CAPI) is a standardized instrument designed to measure someone's potential to abuse or neglect children. The CAPI is widely used and well researched. The Community Life Skills Scale (CLS) is a standardized instrument designed to measure someone's knowledge and use of community resources and support. The outcome data on program participants is positive. The data suggest that the mothers are developing strategies to better cope with stress, are developing less rigid attitudes and expectations about their children, and are taking more responsibility for their lives. The results of the Community Life Skills Scale are also positive. Mothers showed an increased awareness and use of resources in their community. Specifically the mothers had greater access to public and private transportation, more supportive relationships with friends and families and a decrease in social isolation.

<sup>4</sup> The University of Hartford examined mother's employment and education data by age cohort, analyzing data for mothers who were 19 or younger when they had their child and those who were 20 and older. Among the younger cohort 83% enter the program without a high school diploma. Roughly 50% of this group were in high school or a GED program during their first year of parenthood to receive their diploma. Among the older cohort 50% more mothers were enrolled in school after year in the program than at the time of program entry - including high school, college, vocational and other schools. Among both cohorts the number of mother enrolled in and completing school continues to increase with each of program involvement. Among the younger cohort the percentage of the mothers in the workforce increases from 11% to 35%.

The Children's Trust Fund would be pleased to work on the expansion of this program. We have been administering the Nurturing Families Network since its inception more than a dozen years ago.

You can be assured that the Trust Fund is committed to offering a solid program. We are committed to getting strong results, helping to improve the lives of children and families and to preventing child abuse and neglect. The Results Based Accountability reports for the Nurturing Families Network is attached my testimony.

Thank you.

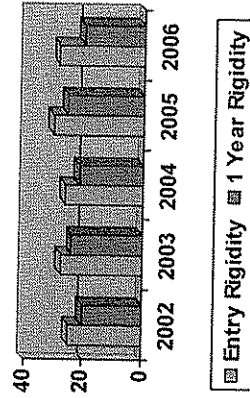
## Program Report Card: Nurturing Families Network

**Program Purpose:** The Nurturing Families Network is a statewide system of continuous care designed to promote positive parenting and reduce incidences of child maltreatment.

**Contributes to Population Quality of Life Result:** Young children in Connecticut will have quality parental care that meet their needs and will be healthy, developmentally on track, and ready to learn.

### **Performance Measure 1: Positive change in mothers' expectations as measured by the Child Abuse Potential Inventory (CAPI) Rigidity subscale.**

Entry and 1 Year Outcome Data on the Capi by Year Family Entered NFN

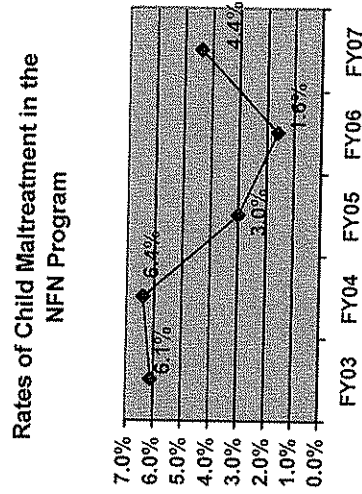


**Story Behind Measure 1:** Families participating in NFN home visiting show significant reductions on the rigidity subscale of the CAPI within 1 year of program participation. These data indicate that families have less rigid parenting attitudes and are less likely to treat their children forcefully.

**Proposed actions to turn the curve:** Program services focus on improving parenting attitudes and behavior, promoting child development, and decreasing the likelihood of child maltreatment using curricula that focuses on positive parenting practices and

education. We expect to see significant changes on the CAPI rigidity subscale.

### **Performance Measure 2: Rates of substantiated maltreatment among program participants.**



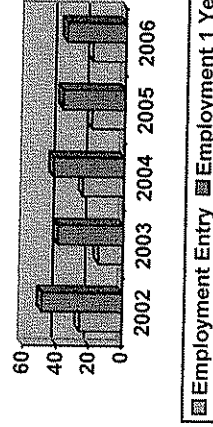
**Story Behind Measure 2:** The above graph shows the annualized rates of maltreatment rates for the past 5 years. Rates of substantiated abuse increased in 2007 as compared with the previous two years but are still low when compared with rates of 20-25% reported in studies with similarly high-risk mothers who did not receive home visitation services.

**Proposed actions to turn the curve:** NFN home visitation model uses the most recent science on child development and parenting practices with an infrastructure

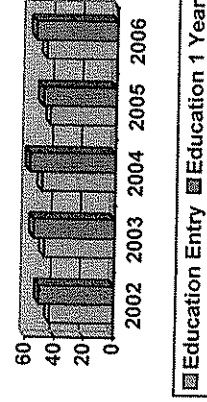
for recruiting high-risk families and ensuring quality and consistent program implementation. We expect to continue to see low rates of child maltreatment.

### **Performance Measure 3: Change in rates of employment and educational attainment after one year of program involvement.**

Percentage of Mothers Employed By Year Family Started Program



Percentage of Mothers with a High School Education by Year Family Started Program



To Be Submitted: January 2009

Nurturing Families Network

## Program Report Card: Nurturing Families Network

**Program Purpose:** The Nurturing Families Network is a statewide system of continuous care designed to promote positive parenting and reduce incidences of child maltreatment.

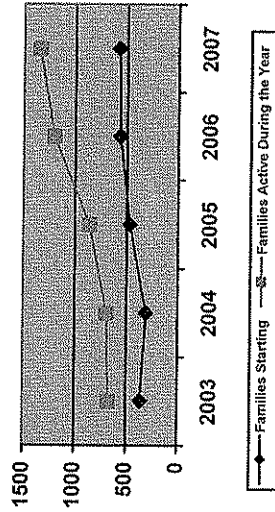
**Contributes to Population Quality of Life Result:** Young children in Connecticut will have quality parental care that meet their needs and will be healthy, developmentally on track, and ready to learn.

**Story Behind Measure 3:** The employment and education data above shows the program entry and 1 year rates for families entering the program for the past 5 years. Families show significant change in employment and education within their first year of program participation. For 2007, 36% of mothers were employed compared with 20% at program entry. In addition, 55% of these mothers had at least a high school education compared with 48% at program entry. These outcomes suggest that home visitors are helping families to build more assets and become more self-sufficient.

**Proposed actions to turn the curve:** Because many of the NFN parents are constantly faced with unemployment and underemployment, as well as social, cultural and sometimes language barriers, home visitors use a two generation approach: they emphasize support for the mothers' developmental trajectory as well as the children's. We expect to continue to see significant change in the areas of employment and education.

**Performance Measure 4:**  
**Participation and retention rates in NFN home visiting program.**

Participation in NFN Home Visiting Program Since 1998



### Story Behind Measure 4:

There has been a 50% increase in the percentage of families served in the NFN home visiting program from 2003 to 2007. The increase was more pronounced in 2005 and 2006 due to the Hartford expansion. At the end of 2007, there was another increase due to the expansion in New Haven. In addition, families at program sites that have provided services since at least 2003 (the maximum five-year program time) have participated in home visitation on average for 22 months.

### Proposed actions to turn the curve:

The Nurturing Families Network is operating out of all 29 birthing hospitals and thus has the infrastructure for going

to scale in Connecticut. Even as the program has expanded and the number of families served has substantially increased, program evaluation continues to show many positive program aspects and outcomes. The positive impact is related to: the population being served (low SES, often young, first-time mothers with low coping skills at program entry); the onset of services (prenatal or at birth); the combination of services (case management and curricula that targets specific issues and outcomes); and the intensity of services (ability to consistently and frequently engage mothers and families). Once families are screened and recruited, NFN is well-equipped in terms of facilitative administrative support, performance monitoring to ensure fidelity to the model, and home visitation staff training and supervising to address risk factors. In addition, we are in the process of strengthening the program's focus on recruiting fathers, and will also be implementing a pilot program to test the efficacy of in-home depression treatment to complement NFN home visiting.